

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000141979

**Entity Name:** PERRY W. HONAKER, INC.

**Current Principal Place of Business:**

5816 CHICAGO AVE  
PENSACOLA, FL 32526

**Current Mailing Address:**

5816 CHICAGO AVE  
PENSACOLA, FL 32526

**FEI Number:** 26-0097997

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HONAKER, PERRY W  
5816 CHICAGO AVE  
PENSACOLA, FL 32526 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | PRES               | Title           | ASST. TREASURER    |
| Name            | HONAKER, PERRY W   | Name            | TRUITT, KEVIN      |
| Address         | 5816 CHICAGO AVE   | Address         | 5816 CHICAGO AVE   |
| City-State-Zip: | PENSACOLA FL 32526 | City-State-Zip: | PENSACOLA FL 32526 |

Title ASST. SECRETARY  
 Name TUTOR, JOSEPH FLOYD  
 Address 5816 CHICAGO AVE  
 City-State-Zip: PENSACOLA FL 32526

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PERRY W HONAKER

PRES

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date